**LEVEL 4 EXCURSION IMAX**

**12TH SEPTEMBER 2013**

19th August 2013

Dear Parents

On the 12th of September, Level Four students will be going to IMAX to see **Antarctica** on the big screen.

**Please read the following information carefully.**

We are going to the city by train rather than bus to save costs. Quite often the cost of the bus is greater than the excursion itself.

We ask you to transport your child to the Mitcham Station on the morning of this excursion. You will need to have your child there no later than 8:50AM. Teachers will be near the bus drop off zone by 8:350AM. We **must** catch the 9:13AM train. We get off at Parliament Station and walk from here to the museum. The movie begins at 11AM.

**PLEASE NOTE:**

**WE ARE UNABLE TO WAIT UNDER ANY CIRCUMSTANCES FOR LATE CHILDREN.**

Once we have finished at IMAX, the students will have time to eat their lunch in the park next to the museum, have some time to play and then we will walk back to Parliament Station to catch the 1:35PM. From here the students will walk back to school.

**WE ARE UNABLE TO ALLOW ANY STUDENT TO DETOUR TO THEIR HOUSES ON THE WALK BACK FROM THE STATION, EVEN IF A NOTE IS SUPPLIED. ALL STUDENTS MUST BE SIGNED OUT AT THE OFFICE IF THEY ARE LEAVING SCHOOL BEFORE 3:30PM.**

Children are expected to bring their playlunch, lunch and a drink in a small backpack. They should also bring a wet weather jacket in case of rain.

The total cost of this excursion is $16.00. Please fill in the form below and return it to school with your child no later than the 9th September.

Level Four Team

Gillian Prentice, Paul Souter, Russell Hall, Georgina Simmons, Peta Jenkin, John Hoskin

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**CONSENT TO MEDICAL ATTENTION**

Where the teacher in charge of the excursion is unable to contact me, or it isotherwise impracticable to contact me, I authorise the teacher in charge to:

1. consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
2. administer such first-aid as the teacher in charge may judge to be reasonably necessary.

Signature of Parent/Guardian: Date:

The Department of Education requires this consent to be signed for all students attending school excursions.

**Note:** Parents/guardians should provide written approval prior to their child taking part in any excursion.

**Excursion Permission**

I give/do not give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of Grade\_\_\_\_\_\_\_\_\_

to attend the IMAX excursion on 12th September 2013.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have paid the excursion levy.

I enclose $16.00 for the cost of the excursion.

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| **CREDIT CARD PAYMENT Mastercard Visa (please circle)**  **Payment for:** |
| **Amount $ Credit Card Number \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_** |
| **Expiry Date: \_\_\_\_/\_\_\_\_ Name on Credit Card:** |
| **Signature: STUDENT NAME AND GRADE:** |